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CONFIRMATION NO. 2941

|   |   |                               |   |                                    |                                |
|---|---|-------------------------------|---|------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/516,434  | <b>FILING OR 371(c) DATE</b><br>11/30/2004<br><b>RULE</b>   | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3731   | <b>ATTORNEY DOCKET NO.</b><br>2846 |                                |
| <b>APPLICANTS</b><br>Joseph P. Orban III, Norwalk, CT;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/19516 06/19/2003<br>which claims benefit of 60/390,106 06/19/2002<br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                    |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CT | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>12          | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>Kimberly V Perry<br>Tyco Health Group<br>U S Surgical<br>150 Glover Avenue<br>Norwalk , CT 06856  |   |                               |   |                                    |                                |
| <b>TITLE</b><br>Method and apparatus for anastomosis  |   |                               |   |                                    |                                |
| <b>FILING FEE RECEIVED</b><br>950   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |                                |